

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010098

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

356

Primary Registration District No.

4521

Registrar's No.

21

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY Texas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN HoustonLength of stay in 1b
2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Texas County Mem. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Texas

c. CITY OR TOWN Clinton twp. Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. 1, Mt. Grove Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Martha Geneva Butts4. DATE OF DEATH Month Day Year
2/14/63

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/21/1883

9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Texas County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

James Stogdill

13b. MOTHER'S MAIDEN NAME

Alice

14. NAME OF HUSBAND OR WIFE

Thomas (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alice Loughridge, Mt. Grove, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/12/63 to 2/14/63 and last saw her alive on 2/14/63
Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James A. Hasek MD

22b. ADDRESS

Cabool, Mo.

22c. DATE SIGNED

2/15/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

2/17/63

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

23d. LOCATION (City, town, or county)

Texas County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Elliott-Gentry Funeral Home, Cabool, Mo.

25. DATE RECD. BY LOCAL REG.

2-16-63

26. REGISTRAR'S SIGNATURE

Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Rentre

Licensed Embalmer No. 4718

P. O. Address Calool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.